

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 551293

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8	1					
9						
10						
11	1					
12						
13						
14	1					
15						
16	1					
17						
18						
19						
20	1					
21						
22						
23						
24	1					
25						
26						
27						
28						
29						
30						
31						
32						
33	1					
34						
35						
36						
37						
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39						
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44						
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46						
47						
48						
49						
50						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	25	←		←		←
TOTAL CLAIMS	33					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						